



Youth Advisory Council Application

Name: _____ Date of Birth: _____

Pronouns: _____ Race/Ethnicity (Optional): _____

Street Address: _____

City: _____ Zip Code: _____

Cell Phone Number: _____ Home Phone Number: _____

E-mail Address: _____

Name(s) of Parent(s) or Legal Guardian(s):

Name and Address of High School: _____

School Telephone Number: _____

GPA (Weighted): _____ Graduation Year: _____

Grade in Upcoming Academic Year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Please make sure your completed application packet includes:

- This completed and signed application form
- Official transcript reflecting the most recent academic year
- Two letters of recommendation from non-family members
- One-page essay explaining why you wish to be a member of the Council
- Resume
- Signed Consent Form

Please check Congressman Lieu's website for latest submission instructions.

Date: _____ Signature: _____